



AF
JW

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on August 10, 2005


Gloria L. Knox

In Re Application of:

Kok-Meng Lee

Serial No.: 10/618,523

Filed: July 11, 2003

Confirmation No.: 9107

Group Art Unit: 3643

Examiner: Parsley, David J.

Docket No.: 62004-1621

For: **Automated Feet-Gripping System**

The following is a list of documents enclosed:

Return Postcard

Final Response and Amendment with Attachment "A" (Petition to file Color Drawings previously submitted 7/11/2003)

3 Sets - 36 Sheets of Color Formal Drawings;

Amendment Transmittal Letter (Small)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AUG 15 2005

AMENDMENT TRANSMITTAL LETTER (SMALL)

Applicant(s): **Kok-Meng Lee**

Docket No.

62004-1621Serial No.
10/618,523Filing Date
July 11, 2003Examiner
Parsley, David J.Confirmation No.
9107Group Art Unit
3643Invention: **Automated Feet-Gripping System**

Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is Final Response and Amendment; Attachment "A"; three sets of formal color drawings; certificate of mailing and return postcard in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	38 -	45 =	0.00	X \$25.00	\$0.00
INDEP. CLAIMS	5 -	9 =	0.00	X \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Timothy J. Wall, Reg. No. 50,743

8-10-2005
 Date